

APPENDIX A: Facesheet Instructions (eGrants “Applicant” and “Application” sections)

Modified Standard Form 424 (Rev. 11/02 to conform to the Corporation’s eGrants system)

This form is required for applications submitted for federal assistance.

Item

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for state use only (if applicable).
4. Item 4.a: Leave blank
Item 4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
 - a. The complete name of the organization that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
 - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a.
 - c. Your organization’s DUNS number (received from Dun and Bradstreet).
 - d. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
 - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7.a.: Enter the appropriate letter in the box.
Item 7.b.: Please enter the characteristic(s) that best describe your organization.

K-12 Education

- 1 School (K-12)
- 2 Local Education Agency
- 3 State Education Agency

Higher Education

- 4 Vocational/Technical College
- 5 Community College
- 6 2-year College
- 7 4-year College
- 8 Hispanic Serving College or University
- 9 Historically Black College or University (HBCU)
- 10 Tribally Controlled College or University

Government

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor’s Office
- 27 State Commission/Alternative Administrative Entity

Non-Profit Organizations

- 11 Community-Based Organization
- 12 Faith-Based Organization
- 13 Chamber of Commerce/ Business Association
- 14 Community Action Agency/ Program
- 15 Service/Civic Organization
- 16 Volunteer Management Organization
- 17 Self-Incorporated Senior Corps Project
- 18 Statewide Association
- 19 National Non-Profit (Multistate)
- 20 Local Affiliate of National Organization
- 21 Tribal Organization (non-government)
- 22 Other Native American Organization

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
- Check “New” if your organization has never held an AmeriCorps State program grant before.
 - Check “New Application/Previous Grantee” if your organization has held an AmeriCorps State and Territory Competitive program grant in the past and the application is for a new grant.
 - Check “Continuation” if you are a grantee applying for an additional year of funding within an existing multi-year grant project period. AmeriCorps State program grants are typically awarded for three year periods.
 - Check “Amendment” if you are a grantee proposing any measurable change in an existing grant award; e.g., a budget amendment, extension, changes in the program scope or goals, etc.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

- Select “Augmentation” if you are an AmeriCorps State and Territory Competitive grantee submitting a revised budget to incorporate a Corporation-authorized increase.
 - Select “Budget Revision” to make a change in the grant budget, including slots.
 - Select “No cost Extension” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
 - Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the NOFA or NOFO: 94.006 AmeriCorps State and National Direct
11. a. Enter the project title. When applying for a “Continuation” or “Amendment” applicants should use the same title as used for their existing grant program. When applying as a “New Applicant/Previous Grantee” if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
- b. Enter the name of the Corporation’s program initiative, if any, as provided in the instructions corresponding to the NOFA or NOFO for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8)
- “New” application or “New application/previous grantee:” Enter the dates for the proposed project period.
 - “Continuation” or “Amendment” application: Enter the dates of the approved project period.
14. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

- a. Federal** The total amount of federal funds being requested in the budget.
- b. Applicant** The total amount of the applicant share as entered in the budget.
- c. State** The amount of the applicant share that is coming from state sources.
- d. Local** The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources).
- e. Other** The amount of the applicant share that is coming from non-governmental sources.
- f. Program Income** The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program).
- g. Total** The applicant's estimate of the total funding amount for the agreement.

15. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at:

<http://www.whitehouse.gov/omb/grants/spoc.html>

Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.

- a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
 - b. If No, check the appropriate box.
16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
17. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. a. DATE RECEIVED BY STATE:	1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction	
5c. ORGANIZATIONAL DUNS:		4. a. DATE RECEIVED BY CNCS:	3.b. STATE APPLICATION IDENTIFIER:	
5d. ADDRESS (give street address, city, county, state and zip code):		4.b. CNCS GRANT NUMBER:		

5. APPLICANT INFORMATION		5e. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give appropriate codes):		
5a. LEGAL NAME: 5b. ORGANIZATIONAL UNIT: 5c. ORGANIZATIONAL DUNS:		NAME: TELEPHONE NUMBER: () - FAX NUMBER: () -		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		7.a. TYPE OF APPLICANT: (enter appropriate letter in box)		
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/> C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify below): <input type="checkbox"/> _____		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ </div> <div style="width: 45%;"> H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization </div> </div> <div style="text-align: right; margin-top: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>		7. b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
11. a. TITLE OF APPLICANT'S PROJECT:		11. b. CNCS PROGRAM INITIATIVE (IF ANY):		

13. PROPOSED PROJECT:		END DATE:		
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. FEDERAL	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____		
b. APPLICANT	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. STATE	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. LOCAL	\$	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. OTHER	\$	<input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO		
f. PROGRAM INCOME	\$	17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$	a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: b. TITLE: c. TELEPHONE NUMBER:		
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED:		

APPENDIX B: Program Model and Design (Application Section)

SECTION I: PROGRAM MODEL

Directions: Choose up to three primary program models from Section I.

✓	Section I: Program Models (check up to three)	
	Youth Corps	A full-time year-round or summer program that undertakes meaningful service projects with visible public benefits. Participants are youth and young adults (including out-of-school and disadvantaged youths) between the ages of 16 and 25 inclusive.
	Community Corps	A community corps program that meets unmet human, educational, environmental, or public safety needs and promotes greater community unity through the use of organized teams of participants of varied social and economic backgrounds, skill levels, physical and developmental capabilities, ages, ethnic backgrounds, or genders.
	Campus-based Model	A campus-based program that is designed to provide substantial service in a community during the school term and during summer or other vacation periods through the use of students who are attending an institution of higher education.
	Pre-Professional Corps	A program in which students enrolled in an institution of higher education receive training in specified fields, concurrently perform service related to such training outside the classroom, and agree to provide service related to training upon graduation that meets educational, public safety, human, or environmental needs. Examples of Pre-Professional Corps participants are those who are in school to become nurses, teachers, lawyers, and other certified professionals.
	Professional Corps	A program that addresses critical educational, public safety, human, or environmental community needs through the service of certified professionals. Examples of those serving in Professional Corps programs are teachers, nurses, social workers, engineers, lawyers, police officers, and other professionals who work to address unmet community needs. The public or private non-profit employer must sponsor AmeriCorps members and agree to pay 100% of member salaries and benefits (excluding the education award), which may exceed the maximum living allowance authorized.
	Entrepreneur Corps	A national service entrepreneur program that identifies, recruits, and trains gifted young adults of all backgrounds and assists them in designing solutions to community problems.
	Intergenerational Program	An intergenerational program that combines students, out-of-school youths, and older adults as participants to provide needed community services, including an intergenerational component for other national service programs described in this subsection.
	Service-Learning Program	A program that provides specialized training to individuals in service-learning. Once this training is complete, individuals are placed in positions that facilitate service-learning in programs eligible for funding under Learn and Serve America School-Based and Community-Based Grants.

	Rural Corps	A program designed to meet the needs of rural communities, using teams or individual placements to address the development needs of rural communities and to combat rural poverty, including health care, education, and job training.
	Hunger Elimination Program	A program that seeks to eliminate hunger in communities and rural areas through service in projects involving food banks, food pantries, and nonprofit organizations that provide food during emergencies.

SECTION II: MEMBER PLACEMENT

Directions: Choose your primary type of member placement from Section II.

✓	Section II: Member Placement (check one)	
	Team-Based	A program where members regularly function as a team during the service week.
	Individual Placement /Scattered Site	A program that places one member at sites in a variety of locations.
	Team-Based and Individual Placement	A program that utilizes both team-based and individual placement/scattered site program designs.
	Multi-State or National	A program that places members in sites in more than one state.
	Statewide Initiative	A program that operates throughout the state and may or may not have a single issue focus.

SECTION III: PROGRAM LOCATION

Directions: Choose the location description(s) that best describe(s) your program in Section III.

✓	Section III: Program Location (check all that apply)	
	Urban	A program designed to meet the needs of urban communities.
	Rural	A program designed to meet the needs of rural communities.
	Both	A program designed to meet the needs of both urban and rural communities.
	Empowerment Zones or Redevelopment Areas	Communities designated as empowerment zones or redevelopment areas that are targeted for special economic incentives or have been identified as having high concentrations of low-income people.
	Environmentally Distressed Areas	Areas where the natural habitat is threatened.
	Federally Affected Areas	Areas adversely impacted by the management of federal lands, resulting in significant regional job losses and economic dislocation.
	Areas Affected by Military Downsizing	Areas adversely impacted by reductions in defense spending or the closure or realignment of military installations.
	Areas with High Unemployment Rates	Areas that have an unemployment rate greater than the national average during the most recent 12 months for which satisfactory data are available.

SECTION IV: PROGRAM FOCUS

Directions: Choose your top three areas of program focus

✓	Section IV: Program Focus (check three)				
	African American community		Pre-school Children		At-Risk Youth
	Asian American community		K-12 Students		Childhood Literacy
	Latin American community		Young Adults (17-24)		Children of Prisoners
	Native American community		College Students		Foster Children
	Families/Parents		Incarcerated Individuals and Ex-Offenders		Seniors
	Farm Worker Families		Low-Income Community		Unemployed
	Homeless		Low-Income Housing Residents		Veterans
	Homeless Veterans		Mentally/Physically Challenged		Victims/Potential Victims of Crime
	Immigrants		Persons with HIV/AIDS		
	Urban Community		Rural Community		
	Asset Accumulation	A program that empowers impoverished communities through asset accumulation activities, such as classes or service projects on home ownership, individual development accounts, and financial literacy.			
	Digital Divide	A program that conducts activities to increase computer literacy and access for disadvantaged populations.			
	Intermediary	National, regional, state, or local organizations that agree to provide the technical and financial support to assist community organizations, including faith-based organizations that do not have the capacity to perform these functions. Intermediaries serve as the legal applicant for a Corporation grant, thereby ensuring that the systems to manage a federal grant are in place.			
	Strengthening Families	A program that works to strengthen and empower families.			
	Volunteer Leveraging	A program through which members recruit and coordinate community volunteers and/or create volunteer service placement opportunities to meet community needs.			
	Youth Service	A program that provides needed positive services to youth, such as tutoring, mentoring, enrichment, recreation, or a combination of such activities.			

APPENDIX C – Service Categories

Please check the three service categories that best represent your most significant areas of program activity.

HEALTH AND NUTRITION

- | | | |
|--|---|--|
| <input type="checkbox"/> Delivery of Health Services | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Physical Disabilities Programs | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Maternal/ Child Health Services | <input type="checkbox"/> In-Home Care | <input type="checkbox"/> Other Health/ Nutrition |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Hospice/Terminally Ill | <input type="checkbox"/> CHIPS/ SCHIPS |
| <input type="checkbox"/> Congregate Meals | <input type="checkbox"/> Food Distribution/ Collection | <input type="checkbox"/> Health Screening |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Boarder Babies | |

EDUCATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Pre-Elementary Day Care | <input type="checkbox"/> Vocational Education | <input type="checkbox"/> Service-Learning |
| <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Job Preparedness/School to Work | <input type="checkbox"/> Adult Education and Literacy |
| <input type="checkbox"/> Secondary Education | <input type="checkbox"/> Library Services | <input type="checkbox"/> Other Education |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Cultural Heritage | <input type="checkbox"/> After School Programs |
| <input type="checkbox"/> Tutoring & Child Literacy - Elementary | <input type="checkbox"/> ESL | <input type="checkbox"/> America Reads |
| <input type="checkbox"/> Tutoring & Child Literacy - Middle School | <input type="checkbox"/> GED/Dropouts | <input type="checkbox"/> Computer Literacy |
| <input type="checkbox"/> Tutoring & Child Literacy - High School | <input type="checkbox"/> Head Start/ School Preparedness | <input type="checkbox"/> Youth Leadership/Development |

ENVIRONMENTAL

- ☐ Waste Reduction/Management/ Recycling
- ☐ Environmental Awareness
- ☐ Clean Air
- ☐ Clean and Safe Water
- ☐ Energy Conservation
- ☐ Indoor Environment
- ☐ Toxic Waste Management
- ☐ Wildlife, Land, Vegetation Protection/ Restoration
- ☐ Other Environment
- ☐ Community Restoration/Clean Up

DISASTER

- ☐ Disaster Preparedness
- ☐ Disaster Mitigation
- ☐ Disaster Response
- ☐ Disaster Recovery
- ☐ Other Disaster

HOMELAND SECURITY

- ☐ Homeland Security- Public Health
- ☐ Homeland Security- Public Safety
- ☐ Homeland Security- Disaster Preparedness/ Relief

PUBLIC SAFETY

- | | | |
|---|---|---|
| <input type="checkbox"/> Safety/Fire Prevention/Accident Prevention | <input type="checkbox"/> Community Policing/ Community Patrol | <input type="checkbox"/> Sexual Abuse/Rape |
| <input type="checkbox"/> Adult Offender/ Ex-Offender Services/ Rehabilitation | <input type="checkbox"/> Conflict Resolution/ Mediation | <input type="checkbox"/> Children & Youth Safety Programs |
| <input type="checkbox"/> Child Abuse/ Neglect | <input type="checkbox"/> Elder Abuse/ Neglect | <input type="checkbox"/> Juvenile Justice/ Delinquency/ Gangs |
| <input type="checkbox"/> Crime Awareness/ Crime Avoidance | <input type="checkbox"/> Family Violence | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Victim/ Witness Assistance | <input type="checkbox"/> Improvement of Household Security | <input type="checkbox"/> Safe Havens |
| | <input type="checkbox"/> Neighborhood Watch/Block Watch | <input type="checkbox"/> Other Public Safety |

HOUSING

- ☐ Home Management Support/ Education
- ☐ Homelessness
- ☐ Housing Referrals/ Relocation/ Other
- ☐ Housing Rehabilitation/ Construction
- ☐ Independent Living - Disabled
- ☐ Independent Living - Seniors
- ☐ Tenant Organizing
- ☐ Transitional Housing
- ☐ Other Housing

HUMAN NEEDS

- ☐ Adult Day Care/Senior Center
- ☐ Companionship/Outreach
- ☐ Crisis Intervention
- ☐ Mentoring
- ☐ Intensive Mentoring (at least 1 hour weekly for at least 9 months)
- ☐ Respite
- ☐ Teen Pregnancy/Abstinence/Parent Support
- ☐ Senior Center Program (non-residential)
- ☐ Senior Citizen Assistance
- ☐ Adoption
- ☐ Other Human Needs Services

COMMUNITY AND ECONOMIC DEVELOPMENT

- | | | |
|--|--|---|
| <input type="checkbox"/> Consumer Education | <input type="checkbox"/> Job Development/Placement | <input type="checkbox"/> Other Economic and Community Development |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Management Consulting | |
| <input type="checkbox"/> Community Revitalization/Improvement | <input type="checkbox"/> Small/Minority Business Development | |
| <input type="checkbox"/> Regional/State/City Planning | <input type="checkbox"/> Tax Counseling/Counseling | |
| <input type="checkbox"/> Social Services Planning/Delivery | <input type="checkbox"/> Thrift Store | |
| <input type="checkbox"/> Community-Based Volunteer Programs | <input type="checkbox"/> Microenterprise | |
| <input type="checkbox"/> Cooperatives/ Credit Unions | <input type="checkbox"/> Technology Access | |
| <input type="checkbox"/> Food Production/Community Gardens/Farming | <input type="checkbox"/> Welfare to Work | |

APPENDIX D: Performance Measurement Worksheet

Output—the amount of product or service delivered (e.g., number of students tutored).

Intermediate-outcome—a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit (e.g., percent of students reading more books).

End-outcome—a significant and lasting change that has occurred in the lives of beneficiaries and/or members (e.g., number and percent of students who have improved their reading score to grade level).

INSTRUCTIONS: Complete one worksheet for each performance measure. At a minimum, provide one set of aligned program measures (an output, intermediate outcome, and end outcome) for your program's primary activity, or an area of significant area of activity if you do not have a clear primary activity.

1. Select a performance measure category that captures your program's primary activity (see Appendix C – Service Categories). For programs without a clear primary activity, select the area of most significant activity.	
2. Select a performance measure type : <input type="checkbox"/> Output <input type="checkbox"/> Intermediate Outcome <input type="checkbox"/> End Outcome	
3. Need. Describe the need that this performance measure will address.	
4. Anticipated Result. Identify the expected result.	
5. Activities. Describe the activities planned to achieve this result.	
6. Measurement. Describe the data and instruments you use to measure the results.	
7. Targets. Describe the targets you expect meet during the 3 year grant period?	Year 1:
	Year 2:
	Year 3:

8. Performance Measure. Combine your anticipated results and your targets into a sentence.	
9. If you have data for this performance measure from prior years , report it here.	

APPENDIX E: Budget Instructions

How to Begin: You will enter detailed budget information in eGrants. That detailed information provides the data that populates and creates the summary budget form and the budget narrative. Your detailed budget narrative must provide a full explanation of the proposed costs including their purpose, justification, and the basis of your calculations. Where appropriate, your calculations should be presented in an equation format, e.g., Two (2) staff traveling @ \$350/trip for 2 trips = \$1400; or, Salary \$60,000 @ 20% devoted to program = \$12,000.

Overview of Key Statutory and Regulatory Budget Requirements:

- Equipment costs must not exceed 10% of the total Corporation share.
- Administrative costs must not exceed 5% of the total Corporation funds requested.
- Your budget must meet certain minimum match requirements for operating and member support costs:
- **Sections I & III:** You must match with cash or in-kind contributions of at least 33% of the project's total Operating (Section I) plus Administrative (Section III) costs. The acceptable sources of matching funds are federal, state, local, private sector, and/or other funds in accordance with applicable AmeriCorps requirements.

Note: Most federal funds are not authorized to be used as match for another federal grant. While the Corporation's legislation may permit the use of non-Corporation federal funds as match for the grantee share of the budget for operating and administrative costs, the determining factor is the other federal agency. You must ensure that your use of another federal agency's funds as match for this national service program grant is permitted by the other agency.

U.S. Territories: In compliance with P.L. 96-205, as amended (48 U.S.C. 1469a(d)) CNCS shall waive any requirement for local matching funds under \$200,000 (including in-kind contributions) to American Samoa, Guam, the Virgin Islands, and the Northern Mariana Islands.

Tribal Entities: In compliance with Executive Order 13175 (November 6, 2000), Consultation and Coordination with Indian Tribal Governments, the Corporation will handle waiver requests from Indian Tribes in an expedited manner.

- **Section II:** You must match at least 15% of all member costs (Section II) with non-federal cash. The matching sources may be state, local, private sector, or other non-federal funds in accordance with applicable AmeriCorps requirements. Other federal funds are not an acceptable source of the required 15% cash match for member costs, except for health care.
- In each section of the budget, you should clearly and specifically identify the source and total dollar amount of cash match from private, state and local and federal funds, and the source and total amounts of in-kind support. All acronyms should be defined the first time they are used to reference non-Corporation programs and sources.
- In addition to the limits on the Corporation and federal shares of funding for each budget section, grantees are required to meet an overall matching rate that increases over time. These matching

requirements may be waived in limited circumstances. See 45 C.F.R. §§ 2521.35 – 2521.90, for the regulatory match and waiver requirements.

Consistency of treatment: For any cost to be allowable under a grant award based on an application for AmeriCorps program funding, the cost must be accorded consistent treatment using policies and procedures that apply uniformly to both the federal grant funded activities and to all other activities of the applicant.

Calculating the Corporation Cost per Member Service Year (MSY) (formerly Cost per Full Time Equivalent (MSY)): An important factor in our consideration of the proposed budget is the Corporation cost per MSY. One Member Service Year is equivalent to 1,700 hours of service. You calculate your Corporation cost per MSY by dividing the Corporation's share of budgeted grant costs by the number of member service years you are requesting in your grant. You do not include child care or the cost of the education award a member may earn through serving with your program.

Section I. Program Operating Costs

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the "Total Amount," "CNCS Share," and "Grantee Share" for Parts A-J, as follows:

A. Personnel Expenses

Under "Position/Title Description," list each staff position title and provide a brief 5 or 6 word position description, salary, and percentage of effort devoted to this award.

B. Personnel Fringe Benefits

Under "Purpose/Description," identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker's Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation or rate for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. Typically, holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates but rather are absorbed into the personnel expenses (salary) budget line item. Uncommon or exceptionally high-cost benefits should be itemized.

C. 1. Staff Travel

Describe the purpose for which program operating staff will travel. Provide a calculation to include costs for airfare, transportation, lodging, per diem, and other travel related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Only domestic travel is allowable; other travel is allowable only if specifically identified and approved as a condition of a grant award.

You must include the following amounts in this line item for funds to travel to Corporation-sponsored technical assistance meetings:

- If you are applying through a state commission, budget \$2,000.
- If you are applying for a National Direct or National Professional Corps grant, budget \$2,000 for the parent organization and \$750 for each operating site.
- If you are applying directly to the Corporation as an Indian Tribe, applicant from a state or U.S. territory without a state commission, or a Planning Grant applicant, budget \$2,000.

C. 2. Member Travel

Describe the purpose for which members will travel. Provide a calculation to include costs for airfare, transportation, lodging, per diem, and other related expenses for members to travel outside their service location or between sites. Costs associated with local travel, such as bus passes to local sites, mileage reimbursement for use of car, etc., should be included in this budget category. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information.

D. Equipment

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit (including accessories, attachments, and modifications). Include items that do not meet this definition in **E. Supplies** below. Purchases of equipment are limited to 10% of the total Corporation funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment.

E. Supplies

Include the amount of funds to purchase consumable supplies and materials, including Member Service Gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. The cost of the member service gear, inclusive of any standard packages which may be offered, should not exceed \$35 per member. For programs that require the professional uniform, a collared shirt, the cost should not exceed \$70 per member. Programs that require additional safety gear can budget up to an additional \$150 per requested member. All other costs associated with member gear, outside of the set parameters, should be charged to the grantee share.

F. Contractual and Consultant Services

Include costs for consultants related to the project's operations. Payments to individuals for consultant services under this grant may not exceed \$540 per day (excluding costs for indirect expenses, travel, supplies, etc.). The \$540 daily rate is a ceiling, and we anticipate budgeted daily rates at considerably lower levels. Indicate the daily rate for consultants you are proposing to use, their contractual services, and provide the names of the organizations when available. Indicate the daily rate, number of days, and total cost. For any pro bono work by a contractor in combination with fee-based work, affirm that the vendor's normal fee schedule and market-based work warrant the in-kind value placed on the donated portion.

G. 1. Staff Training

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

G. 2. Member Training

Include the costs associated with member training to support them in carrying out their service activities, for example, orientation, project-specific skills such as age-appropriate tutoring, CPR, or ecosystems and the environment. You may also use this section to request funds to support training in Life After AmeriCorps. If using a consultant(s) for training, indicate the estimated daily rate, not to exceed the daily rate limit.

H. Evaluation

Include costs for project evaluation activities, including additional staff time or subcontracts you did not budget under Section I A. Personnel Expenses, use of evaluation consultants, purchase of instrumentation and other costs specifically for this activity. This cost **does not** include the daily/weekly gathering of data

to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

I. Other Operating Costs

Allowable costs in this budget category should include when applicable:

- Background checks of members and grant-funded staff who have recurring access to vulnerable populations, i.e., children, the elderly, disabled, etc.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. For national office space, rental may be unallowable; check relevant OMB Circulars. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, Internet and similar expenses that are specifically used for AmeriCorps members and AmeriCorps project staff, and are not part of the organizations indirect cost/admin cost allocation pool.
- Recognition costs for members. List each item and provide a justification in the budget narrative. Gifts and/or food in an entertainment/event setting are not allowable costs.

Subtotal Section I. The grantee share of Sections I plus III must be at least 33% of these operational costs.

J. Source of Match

Within the “Source of Match” box, enter the total amount of cash and in-kind match under columns for “Private,” “State and/or local,” and “Federal.” Then, for each amount entered, identify the source of the matching funds or in-kind contributions by entering text under “Sources.” Be sure to define any non-Corporation acronyms the first time they are used.

Section II. Member Costs

Member Costs are identified as “Living Allowance” and “Member Support Costs.” Within each category of member costs, identify the total amount(s) of cash and in-kind match that are from private, state and local and federal funds (when allowable). You should enter this information in the ‘Source of Match’ box. Include a description of the source of each type of funds.

A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time, 1st and 2nd Years of 2-Year Half Time) and the amount of living allowance they will receive, allocating appropriate portions between the Corporation’s share (CNCS Share) and grantee match (Grantee Share). The grantee match must be at least 15% of the total. Please refer to the NOFA or NOFO at www.americorps.gov/for_organizations/funding/nofa for the living allowance figures and the current maximum CNCS/federal Share of the living allowance.

Members – Enter the total number of members you are requesting in each category. Enter the amount of the living allowance for each type of member. Enter the number of members for which you are not requesting funds for a living allowance, but for which you request education awards.

B. Member Support Costs

Consistent with the laws of your state, you must provide members with the benefits described below. The grantee match for this budget category must be **cash** and its source must be state, local, or private sector funds, except for health care. In addition, any non-federal share (matching) of costs budgeted above the

15% minimum can be matched with other federal funds, subject to the other federal agency's approval. Identify the federal share and describe any match contribution(s) as previously instructed.

- **FICA.** Unless exempted by the IRS with accompanying documentation (note in the narrative and provide documentation with application), all projects must pay FICA for any member receiving a living allowance, even when the Corporation does not supply the living allowance. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with your State Department of Labor or State Commission to determine if you are required to pay worker's compensation and at what level. If you are not required to pay worker's compensation you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or incidents.
- **Health Care.** You must offer health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below you may not pay health care benefits to half-time members with Corporation funds. You may choose to provide health care benefits to half-time members from other sources (i.e., non-federal). Half-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) may be eligible for health care benefits supported with our funds, subject to applicable match requirements. However, the Corporation must either approve this in the grant agreement or by prior written approval. In your budget narrative, indicate the number of members who will receive the project's existing health care benefits. If you have an existing health benefit policy for your full-time members that meets minimum requirements, you may request 85% of those as CNCS/federal funds. You must match the remainder in cash. The Corporation will not pay for dependent coverage.
- **Unemployment Insurance and Other Member Support Costs.** Include any other required member support costs here. Some states require unemployment coverage for their AmeriCorps members. You may not charge the cost of unemployment insurance taxes to the Grant unless mandated by state law. Programs are responsible for determining the requirements of state law by consulting their State Commission, legal counsel or the applicable state agency. AmeriCorps National and AmeriCorps Tribes and Territories Grantees must coordinate with their State Commissions to determine a consistent state treatment of unemployment insurance requirements. The Corporation will fund 85% of these expenses when mandated by state law.

Subtotal Section II. The grantee share of Section II must be at least 15%.

Section III. Administrative/Indirect Costs

A. Definitions

Administrative costs are general or centralized expenses of the overall administration of an organization that receives Corporation funds and does not include particular project costs. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122.

Administrative costs include:

1. Costs for financial, accounting, auditing, contracting or general legal services, except in unusual cases whether they are specifically approved in writing by the Corporation as project costs.

2. Costs for internal evaluation, including overall organization's management improvement costs (except for independent and internal evaluations of the project evaluations that are specifically related to creative methods of quality improvement).
3. Costs for general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project.
4. Costs of space, base utilities, and communication (telephone, fax, and Internet) that support administrative personnel.
5. Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project. The principles that pertain to the allocation and documentation of personnel costs are stated in the OMB circulars that are incorporated in Corporation regulations [45 CFR 2541.220(b)].

Administrative costs **do not** include the following allowable expenses directly related to a project (including their operations and objectives), such as:

1. Allowable direct charges for members, including living allowances, insurance payments made on behalf of members training and travel.
2. Costs for staff (including salary, benefits, training and travel) who recruit, train, place or supervise members or who develop materials used in such activities, if the purpose is for a specific project objective.
3. Costs for independent evaluations and any internal evaluations of the project that are related specifically to creative methods of quality improvement.
4. Costs, excluding those already covered in an organization's indirect cost rate, attributable to staff that work in a direct project support, operational, or oversight capacity, including, but not limited to: support staff whose functions directly support project activities; staff who coordinate and facilitate single or multi-site project activities; and staff who review, disseminate and implement Corporation guidance and policies directly relating to a project.
5. Space, facility and communications costs allocated specifically to AmeriCorps project operations, excluding those costs that are already covered by an organization's indirect costs rate.
6. Other allowable costs, excluding those costs that are already covered by an organization's indirect cost rate, specifically approved by the Corporation as directly attributable to a project.

B. Options for Calculating Administrative/Indirect Costs (choose either 1 OR 2)

Applicants can choose to use one of two methods to calculate allowable administrative costs – a Corporation fixed percentage method or a federally approved indirect cost rate method. Regardless of the option chosen, the Corporation's share of administrative costs is limited by statute to 5% of the total Corporation funds **actually expended** under this grant.

1. Corporation Fixed Percentage Method

The Corporation fixed rate allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the Corporation Fixed Percentage Method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the Corporation funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

- a. Multiply the sum of the Corporation funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. Enter this amount as the Corporation share for Section III A.
- b. Then multiply the total (both Corporation and grantee share) for of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.
- c. Enter the sum of the Corporation and grantee shares under Total Amount.

2. Federally Approved Indirect Cost Rate Method

If you have a Federally Approved Indirect Cost (IDC) rate and choose to use it, the IDC rate will constitute documentation of your administrative costs including the 5% maximum payable by the Corporation. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and, importantly, the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate under the Rate Claimed field.

- a. Determine the base amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.
- b. Multiply the sum of the Corporation funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the Corporation share of indirect costs.
- c. Subtract the amount calculated in step b (the Corporation administrative share) from the amount calculated in step a (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

State Commission 1% Set-Aside Share Option. Regardless of the method used to calculate administrative costs, state commissions may choose to set aside a portion of the Corporation share to use in administering its subgrantees. This amount must not exceed a one-fifth share of the maximum 5% Corporation share (i.e., allocating 1% as set aside for administering subgrantees and the remaining 4% for other administrative costs). When using this option, the subgrantee's portion must not exceed the remaining 4% portion of the maximum Corporation share. Both the commission and subgrantee portions of the Corporation share of administrative costs should be requested in the subgrantee's budget.

To allocate the subgrantee share of the amount: Multiply the sum of the Corporation shares of Sections I and II by 4.21% (i.e. 0.0421). This is the maximum amount that the subgrantee can request as the Corporation share of administrative costs. Enter this amount as the Corporation share for Section III A or Section IIIB as appropriate, in the line item subgrantee share amount.

To allocate the Commission share of this amount: Multiply the sum of the Corporation shares of Sections I and II by 1.05% (i.e. 0.0105). This amount is the total the commission can retain to administer the subgrant(s). Enter this amount as the Corporation share for Section IIIA or Section IIIB as appropriate, line item commission share amount.

Subtotal Section III.

The grantee share of Sections I plus III must be at least 33%.

Increasing Grantee Overall Share of Total Budgeted Costs

In addition to the limits on the Corporation and federal shares of funding for each budget section, grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum matches—15% (for Section II) and 33% (for Sections I and III)—are maintained. These matching requirements may be waived in limited circumstances. See 45 C.F.R. §§ 2521.35 – 2521.95, for the specific regulatory match and waiver requirements.

Section IV. Year 2 and Year 3 Budget Estimates

Once your Year 1 budget is complete, use it as a base to estimate your funding needs for the succeeding two years. In the Year 2 and Year 3 CNCS fields of the eGrants budget screens, enter the amount of Corporation funds you anticipate you will need each year. Stay within the following parameters in making your estimates:

- You may have a higher required match depending on how many years you have received an AmeriCorps program grant. Be sure your estimates reflect this.
- You should anticipate a two percent (2%) increase in the living allowance.

APPENDIX F: Budget Worksheet

Section I. Program Operating Costs

A. Personnel Expenses

Position/Title/Description	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

B. Personnel Fringe Benefits

Purpose/Description	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

D. Equipment

Item/ Purpose/Justification	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

E. Supplies

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

I. Other Program Operating Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section I:	Total Amount	CNCS Share	Grantee Share

J. Source of Match

Source(s), Type, Amount, Intended Purpose				
In-kind	Private \$	State and/or Local \$	Federal \$	Sources Pro bono legal services from Name.
Cash	\$	\$	\$	ABC Foundation, State of A, and Federal Grant from ABCAgency
Total	\$	\$	\$	

Section II. Member Costs**A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
1st Year of 2-Year Half Time						
2 nd Year of 2-Year Half Time						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
Totals						

B. Member Support Costs

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

Subtotal Section II:	Total Amount	CNCS Share	Grantee Share
Subtotal Sections I + II:			

C. Source of Match

Source(s), Type, Amount, Intended Purpose,				
In-kind	Private \$	State and/or Local \$	Federal \$	Sources Pro bono legal services from Name.
Cash	\$	\$	\$	ABC Foundation, State of A, and Federal Grant from ABC Agency
Total	\$	\$	\$	

Section III. Administrative/Indirect Costs

A. Corporation Fixed Percentage Method

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Subgrantee Share				
Commission Share				
Totals				

B. Federally Approved Indirect Cost Rate Method

	Cost Type	Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Grantee Share
Subgrantee Share								
Commission Share								
Totals								

Total Sections I + II + III:	Total Amount	CNCS Share	Grantee Share

APPENDIX G: Budget Instructions for the Education Award Programs

These instructions apply only to applicants for Education Award Program funding.

Section I. Not Applicable

Section II. AmeriCorps Member Positions

A. Member Positions

Identify the number of Education Award members you are requesting by category (i.e. full-time, half-time, reduced half-time, quarter-time, minimum-time) and list under the column labeled **#w/o Allow** (without CNCS funded living allowance.) **Leave all other columns blank.**

The total number of member service years (MSY) will automatically calculate at the bottom of the eGrants screen, per the following example

Item	# of Mbrs	Allowance Rate	# w/o Allow	Total Amount	CNCS Share	Grantee Share
Full-time (1700 hours)			8			
Half-time (900 hours)			36			
1st Year of 2-Year Half-time			20			
2nd Year of 2-Year Half-time			18			
Reduced half-time (675 hours)						
Quarter-time (450 hours)			30			
Minimum-time (300 hours)			20			

Total MSY

47.50

B. Fixed Award

Amounts of fixed awards are based on the member service years which are calculated as follows:

Member Positions	Calculation	MSY
_____ Full-time (1700 hours)	(_____ members x 1.000)	= _____
_____ Half-time (900 hours)	(_____ members x 0.500)	= _____
_____ 1st Year of 2-Year Half-time (generally 450 hours)	(_____ members x 0.500)	= _____
_____ 2nd Year of 2-Year Half-time (generally 450 hours)	(_____ members x 0.000)*	= _____
_____ Reduced half-time (675 hours)	(_____ members x 0.375)	= _____
_____ Quarter-time (450 hours)	(_____ members x 0.250)	= _____
_____ Minimum-time (300 hours)	(_____ members x 0.200)	= _____
Total MSY		= _____

** Grantees receive the total amount for 2-Year Half-time members in the first year. Therefore, 2-Year Half-time members serving in their second year are not included in the calculation for funds.*

On the first line, under “Purpose,” you will see Program Grant Request; on the same line, under “Calculation,” you will enter the calculation for your grant request. Applicants may request up to \$400 per member service year (MSY).

Display your calculation in the following format:

Total # of MSYs _____ x MSY amount (up to \$400) _____ = Total Grant Request \$ _____

Type the total amount requested in the “Total Amount” & “CNCS Share” columns. Leave the “Grantee Share” blank.

B. Fixed Award

Purpose – Calculation	Total Amount	CNCS Share	Grantee Share
Program Grant Request -- 47.5 MSY x \$400/MSY	\$19,000	\$19,000	
Totals	\$19,000	\$19,000	

APPENDIX H: Budget Worksheet for the Education Award Programs

This worksheet applies only to applicants for Education Award Program funding.

A. Member Positions

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
1 st Year of 2-Year Half Time						
2 nd Year of 2-Year Half Time						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
Totals						

Total MSY

B. Fixed Award

Purpose – Calculation	Total Amount	CNCS Share	Grantee Share
Program Grant Request --			
Totals			

APPENDIX I: Budget Analysis Checklist

Below is a checklist to help you make certain that you submit an accurate budget narrative and budget that meets AmeriCorps requirements.

In Compliance?	Section I. Program Operating Costs
Yes ___ No ___	Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff that recruit, train, place, or supervise members as well as manage the project.
Yes ___ No ___	Staff indirectly involved in the management or operation of the applicant organization is funded through the administrative cost section (Section III.) of the budget? Examples of administrative costs include central management and support functions.
Yes ___ No ___	Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses.
Yes ___ No ___	Brief position descriptions are provided for each staff member listed on the grant?
Yes ___ No ___	Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget?
Yes ___ No ___	Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount?
Yes ___ No ___	All single equipment items over \$5000 per unit are specifically listed?
Yes ___ No ___	All single supply items over \$1000 per unit are specifically listed?
Yes ___ No ___	Justification/explanation of equipment items is included in the budget narrative?
Yes ___ No ___	Have the instructions concerning service gear been followed? If a project chooses to purchase the standard service gear package, it should budget \$35.00 per member. If the project needs the collared-shirt, it should budget between \$35 and \$70 per member. The federal share can be up to \$150 per member for additional safety apparel that is necessary to perform daily service activities. You must include a justification for these additional items in the budget narrative.
Yes ___ No ___	Are all consultant services are budgeted below the maximum federal daily rate of \$540/day?
Yes ___ No ___	Does the budget reflect adequate budgeted costs for project evaluation?
Yes ___ No ___	Are all items in the budget narrative itemized and justified?
Yes ___ No ___	You have included \$2,000 for travel to CNCS-sponsored meetings in the budget narrative? (plus \$750 for National Direct operating sites, if applicable)
Yes ___ No ___	Have you provided budgeted costs for background checks of members and grant-funded staff that will have recurring access to vulnerable populations (i.e., children, frail elderly, persons with disabilities).
Yes ___ No ___	Are all "Project Operating Costs" matched at least 33% by your project with cash or in-kind contributions?
Yes ___ No ___	Is the total amount of cash and/or in-kind derived from private, state and local, and federal funds stated in the narrative?

In Compliance?	Section II. Member Costs
Yes ___ No ___	<p>Are the living allowance amounts correct? Full-time AmeriCorps members must receive at least the minimum living allowance as announced in the NOFA or NOFO and indicated in the budget instructions.</p> <p>Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement.</p> <p>Projects are not required to provide half-time members living allowances, but if they do, they must comply with the living allowance requirements listed in the budget instructions.</p>
Yes ___ No ___	<p>Does the budget provide non-federal cash match for all member costs, except health care? You cannot use other federal funds for the first 15% of match of living allowance, FICA, or worker's compensation.</p>
Yes ___ No ___	<p>Are Member Costs matched at least 15% in cash? If you are budgeting use of work-study funds, there must be an aggregate 15% non-federal share of all member costs.</p>
Yes ___ No ___	<p>Is the federal share of the living allowance for full-time members no more than 85% of the minimum living allowance in the NOFA or NOFO and budget instructions? Regardless of the size of the living allowance, the federal share cannot exceed the statutory 85% of the minimum living allowance.</p>
Yes ___ No ___	<p>The federal share of living allowance for half-time members is not more than 85% of half of the minimum living allowance as announced in the NOFA or NOFO and budget instructions? As with full-time members, projects may provide a higher living allowance, but the federal share cannot exceed the above amount.</p>
Yes ___ No ___	<p>Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. The distribution should occur in equal increments that are not based on the specified number of hours served.</p>
Yes ___ No ___	<p>Is FICA calculated correctly? All projects must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, projects must calculate FICA at 7.65% of the total amount of the living allowance.</p>
Yes ___ No ___	<p>Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Projects must check with your local State Department of Labor or State Commission to determine whether or not your project is required to pay worker's compensation and at what level (i.e., rate). Projects that are not required to pay worker's compensation need to provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., Death and Dismemberment coverage).</p>
Yes ___ No ___	<p>Health care is provided for qualified full-time AmeriCorps members only (unless half-time serving for a sustained full-time period of time such as summer service)?</p> <p>If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own. If projects already carry minimum benefits at a reasonable cost, they may use existing policies to cover members. The federal share will not cover health care costs for family members.</p>
Yes ___ No ___	<p>Is the total amount of cash derived from private and state and local funds stated in the narrative?</p> <p>Match information is included?</p>

In Compliance?	Section III. Administrative/Indirect Costs
Yes ___ No ___	Applicant has chosen Option A – Corporation fixed percentage method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted? To determine the federal administrative share, multiply all other budgeted federal funds by .0526.
Yes ___ No ___	Applicant has chosen Option B – federally approved indirect cost rate method and documentation on file? Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.
Yes ___ No ___	For all matching funds, the source(s), the type of contribution (cash or in-kind), the amount (or an estimate), and the intended purpose are clearly identified in the narrative. Is the total amount of cash and/or in-kind derived from private, state and local, and federal funds stated in the narrative?

APPENDIX J: Survey on Ensuring Equal Opportunity for Applicants



SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:

Applicant's DUNS Number:

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

☐

Yes

☐

No

☐

\$500,000 - \$999,999

☐

\$1,000,000 - \$4,999,999

☐

\$5,000,000 or more

2. How many full-time equivalent employees does the applicant have? (Check only one box).

☐

3 or Fewer

☐

15-50

☐

4-5

☐

51-100

☐

6-14

☐

over 100

4. Is the applicant a faith-based/religious organization?

☐

Yes

☐

No

3. What is the size of the applicant's annual budget?

(Check only one box.)

☐

Less Than \$150,000

☐

\$150,000 - \$299,999

☐

\$300,000 - \$499,999

5. Is the applicant a non-religious community-based organization?

☐

Yes

☐

No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐

Yes

☐

No

7. Has the applicant ever received a government grant or contract (federal, state, or local)?

☐

Yes

☐

No

8. Is the applicant a local affiliate of a national organization?

☐

Yes

☐

No

Survey Instructions on Ensuring Equal Opportunity for Applicant

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **3045-0047**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Amy Borgstrom**, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Amy Borgstrom, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

APPENDIX K: Assurances and Certifications

(Authorize and submit section)

Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

a) Inability to certify

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

b) Erroneous certification or assurance

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

c) Notice of error in certification or assurance

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

d) Definitions

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

e) Assurance requirement for subgrant agreements

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

f) Assurance inclusion in subgrant agreements

You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

g) Assurance of subgrant principals

You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

h) Non-assurance in subgrant agreements

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

i) Prudent person standard

Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge) and belief, that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable NOFA or NOFO, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally assisted construction sub-agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking

water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-1 et seq.).
15. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
19. Will comply with all the requirements of Subpart C of 45 CFR Part 2542, implementing E.O. 1259, regarding restrictions on doing business with suspended, debarred, and otherwise disqualified entities.
20. Will comply with all the requirements for providing a drug-free workplace on a continuing bases as set out in Subpart B of 45 CFR Part 2545, implementing sections 5151-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690).
21. Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;
22. Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;
23. Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the State in which the program operates.
24. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, application guidelines, and policies governing this program.

CERTIFICATIONS

1. Lobbying (Activities)

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

2. Compliance with the Lobbying Disclosure Act of 1995. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the undersigned nor any of its operating sites is an organization described in Section (501)c(4) of the Internal Revenue Code of 1986, 26 U.S.C. § 501c(4) that engages in lobbying activities.

ASSURANCES AND CERTIFICATIONS

ASSURANCE SIGNATURE: **NOTE: Sign this form and include in the application.**

SIGNATURE:

By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

CERTIFICATION SIGNATURE: **NOTE: Sign this form and include in the application.**

Before you start: Before completing Certification, please read the Certification Instructions.

SIGNATURE:

By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- ☐ Certification: Debarment, Suspension and Other Responsibility Matters
- ☐ Certification: Drug-Free Workplace
- ☐ Certification: Lobbying Activities

Legal Applicant:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

APPENDIX L: Beale Codes and County-Level Economic Data

Rural Community

Beale codes are published by the U.S. Department of Agriculture and are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	Metropolitan Type	Description
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 6, 7, 8, or 9 is eligible *to apply* for a waiver to the alternative match requirement.

Severely Economically Distressed Community

The following table provides the website addresses where the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

WEBSITE ADDRESS	EXPLANATION
www.econdata.net	Econdata.Net: This site Links to a variety of social and economic data by states, counties and metro areas.

WEBSITE ADDRESS	EXPLANATION
www.bea.doc.gov/bea/regional/rei	Bureau of Economic Analysis' Regional Economic Information System (REIS): Provides data on per capita income by county for all states except Puerto Rico.
www.census.gov/hhes/www/saipo/index.html	Census Bureau's Small Area Poverty Estimates: Provides data on poverty and population estimates by county for all states except Puerto Rico.
www.census.gov/main/www/cen2000.html	Census Bureau's American Fact-finder: Provides all 1990 and 2000 census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas including Puerto Rico.
www.bls.gov/lau/home.htm	Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS): Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes/	US Department of Agriculture's Rural-Urban Continuum Codes (Beale codes): Provides urban rural code for all counties in US.

APPENDIX M: National Direct Operating Site Information

The following information is required for each operating site.

Legal Name	
Employer Identification Number (EIN)	
Organization Type*	
Contact Name	
Address	
City/ State/ Zip	
Phone	
Fax	
Email	
Service Categories**	

Project Title	
Address	
City/ State/ Zip	
Phone	
Fax	
Email	

* See Appendix A

** See Appendix C

